using amino acid analyzer; epididymis and testis DNA fragmentation – electrophoretically; posterity antenatal development indices and postnatal development – by standard procedures.
Results: Our data demonstrated dose-dependent pyrazinamide-mediated quantitative and qualitative changes in male rat reproductive organs DNA and extracellular matrix proteins in comparison with control, which were accompanied by alterations in processes of fertilisation, embryogenesis and by lowering of posterity survival.
Conclusion: Thus pyrazinamide treatment caused adverse effects in organisms of parents and their posterity.

PP-198 CD4+CD25+FoxP3+ Treg cell in pulmonary tissue with multi-drug resistant pulmonary tuberculosis is higher than normal

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Background: To investigate the distribution of CD4+CD25+FoxP3+ Treg cell in pulmonary tissue with multi-drug resistant pulmonary tuberculosis.
Methods: CD4+CD25+FoxP3+ Treg cell in blood and pulmonary tissue samples from 21 patients with multi-drug resistant pulmonary tuberculosis (MDR-TB) and 23 patients with benign pulmonary tumors was detected by flow cytometric analysis respectively.
Results: The proportion of CD4+CD25+FoxP3+ Treg cell in para-lesion pulmonary tissue of patients with MDR-TB was significantly higher than that of patients with benign tumors ($p = 0.02$). Proportions of CD4+CD25+FoxP3+ Treg cell in peripheral blood and pulmonary tissue demonstrated positive correlation ($r = 0.526$, $p = 0.01$).
Conclusions: Proportion of Treg cell in peripheral blood and pulmonary tissue of patients with MDR-TB is higher than normal. Maybe high proportion of Treg cell play a role in the mechanism of multi-drug resistant.

PP-199 Adrenal insufficiency due to tuberculosis in a young man

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Introduction: Tuberculosis may affect many of the endocrine glands including the hypothalamus, pituitary, thyroid and adrenal glands. The most commonly involved endocrine organ in tuberculosis is the adrenal gland. In developing countries adrenal tuberculosis is still the major cause of Addison's disease. Destruction of 90% of the adrenal cortex is the cause of primary adrenal insufficiency or Addison's disease. A combination of clinical symptoms, laboratory results, pathological findings and CT features could establish a final diagnosis.
Case Description: The patient was a 24-year old man, university student, with chief complaint of dyspnea, cough and one episode of hemoptysis. He had history of productive cough for about two years. Other symptoms were mild dizziness, fatigue, malaise and increased sweating in the past two years. He also complained of chronic intermittent episodes of hypotention. Sputum smears and cultures were positive for mycobacterium tuberculosis. Serum ACTH and cortisol levels were checked. Tuberculous Addison's disease documented when a cosyntropin test was performed. Fludrocortisone and hydrocortisone were administered with good clinical response.

PP-200 Video-assisted thoracic surgery (VATS) for limited local lesions of multi-drug resistant pulmonary tuberculosis

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Background: To evaluate the safety and efficacy of Video-Assisted Thoracic Surgery (VATS) for limited local lesions of multi-drug resistant pulmonary tuberculosis.
Methods: The clinical data of 33 patients (from January 2005 to July 2008) who underwent Video-assisted thoracic surgical resection of local lesions of multi-drug resistant pulmonary tuberculosis (MDR-TB) were reviewed retrospectively.
Results: All the 33 patients (24 male, 9 female, aged from 15 to 57) were diagnosed with MDR-TB and had 1–3 limited local pulmonary lesions in one-side or both totally. Surgical procedures included pneumonectomy (n = 4), lobectomy (n = 15), pulmonary segment resection (n = 4) and wedge resection (n = 10). Durations of preoperative anti-tuberculosis chemotherapy including quinolone were more than 6 months and postoperative anti-tuberculosis chemotherapy was given for 9–18 months. Median perioperative blood loss was 150 ml (range 50–550 ml). Median operative time was 90 minutes (range 45–150 minutes). Median hospital stay was 18 days (range 13–39 days). The conversion thoracotomy rate was 15.2% (n = 5), mostly due to severe pleural adhesion. There was no surgery-related death. The total incidence of postoperative complications was 21.2%, including bronchopleural fistula (3.0%, n = 1), air-leakage (6.1%, n = 2) and atelectasis (12.1%, n = 4). After 10–24 months follow-up, the sputum negative conversion rate was up to 93.3% (14/15). 2 (6.1%) and 1 (3.0%) patients had new pulmonary lesions and bone lesion respectively during the follow-up period.
Conclusions: VATS pulmonary resection is a safe and effective approach to limited local lesions of multi-drug resistant pulmonary tuberculosis.

PP-201 Occupational exposure increases the risk of tuberculosis infection in newly employed nurses

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Background: To investigate the annual incidence of pulmonary tuberculosis (TB) infection in newly employed nurses of six tertiary hospitals.
Methods: 356 newly employed nurses of six tertiary hospital in Guangzhou were enrolled. 156 nurses (Group A) were in pneumology division and thoracic surgery division, the other 200 (Group B) were not in the above two divisions. All nurses were tested with tuberculin skin test (TST), QuantiFERON-TB Gold (QFT-G) and chest X-ray examination at baseline. Tests were redone after one year for all the participants.
Results: Baseline TST (41.0% Vs 39.5%) and QFT-G (10.9% Vs 12.1%) between the two groups were similar ($\chi^2 = 0.085$, $P = 0.771$; $\chi^2 = 0.365$, $P = 0.546$). All baseline chest X-ray examinations were normal. After one year, nurses in Group A with negative baseline results had higher TST and QFT-G